

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

In Re:

Case No.: \_\_\_\_\_

Chapter: \_\_\_\_\_

Adv. No.: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Judge: \_\_\_\_\_

**CERTIFICATION OF SERVICE**

1. I, \_\_\_\_\_ :

☐ represent \_\_\_\_\_ in this matter.

☐ am the secretary/paralegal for \_\_\_\_\_, who represents  
\_\_\_\_\_ in this matter.

☐ am the \_\_\_\_\_ in this case and am representing myself.

2. On \_\_\_\_\_, I sent a copy of the following pleadings and/or documents  
to the parties listed in the chart below.

3. I certify under penalty of perjury that the above documents were sent using the mode of service  
indicated.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
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Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
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Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
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\* May account for service by fax or other means as authorized by the court through the issuance of an Order Shortening Time.

rev.8/1/15

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PO Box 15298  
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Chase Card  
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Clara Maas Medical Center  
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